



STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
LICENSING OPERATIONS DIVISION
OCCUPATIONAL LICENSING BRANCH

**APPLICATION FOR A DRIVING SCHOOL
OPERATOR LICENSE**

- ☐ **APPLICATION FEE—\$101.00 (NON REFUNDABLE)**
☐ **OPERATOR BRANCH LICENSE FEE—\$15.00**
☐ **DUPLICATE LICENSE FEE—\$15.00**
☐ **CHANGE SCHOOL NAME/OR ADDRESS OPERATOR FEE—\$15.00**

Before submitting application, please read "Driving School Program Handbook"

DEPARTMENT USE ONLY

SPECIAL NO. ASSIGNED

ACR NO.

DATE PERMIT ISSUED

DATE PERMIT EXPIRES

RECEIPT NO.

TOTAL FEE

INSPECTOR

NAME (FIRST, MIDDLE, LAST)

ADDRESS

CITY

ZIP CODE

PHONE NO.

()

SCHOOL NAME

ADDRESS

CITY

ZIP CODE

PHONE NO.

()

LIST ALL OTHER OFFICES

NAME OF SCHOOL OWNER

GIVE OFFICE HOURS FOR SCHOOL LOCATION

Do you personally intend to give driving instruction or to coach students for the law examination? _____
(if yes, an instructor's application, with \$30.00 fee must be submitted to the department)

INSTRUCTIONS

Present this application, with fee, to your local Department of Motor Vehicles Inspector, together with a Personal History Questionnaire, form OL 29, and one fingerprint card, ADM 1316. The application should be submitted at least 15 days prior to the day you wish to be licensed.

The application must also include:

- (1) Evidence of at least 1,000 hours experience of behind the wheel teaching as a driving instructor for an established licensed California Driving School, and satisfactory completion of a course in driver education and driver training acceptable to the department.

EXCEPTION: An applicant who works for a driving school that teaches motorcycle riding exclusively is required to have only a 300 hour certification.

OR

- (2) A photostat of the applicant's Department of Education certificate qualifying the applicant to teach driver education and driver training in the public school system, and evidence of having taught such subjects in the public school system for not less than 1,000 hours.

I certify under penalty of perjury under the laws of the State of California that the information on this page is true and correct.
Applicant Initials _____



OL NUMBER
NAME

CERTIFICATION BY APPLICANT

I understand that any misrepresentation in this application shall be sufficient cause for its rejection and that any violations of driving school laws in the Vehicle Code, or of the regulations adopted to put into effect such laws, shall be grounds for the revocation or suspension of any driving school operator license issued as a result of approval of this application.

I understand that I must immediately report any subsequent changes in the answers on this application to the Supervisor, Licensing Operations Division, Occupational Licensing Branch, P. O. Box 925342, Mail Station N-224, Sacramento, CA 94232-3420.

I am aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workmen's compensation.

I understand that the fee paid for this application is not refundable, whether or not a license is issued.

I certify that I am the operator or the named driving school and that I am 18 years of age or older.

I certify under penalty of perjury under the laws of the State of California that the information entered by me on this document is true and correct.

Date _____ Signature _____